

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**

Instructions

- Print in Ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.



FOR OFFICE USE ONLY

Postmark Date: 1-29-07

ESUPP

Wm

3070013

1. NAME McKearn Kristy G.
Last First MI

NAME N/A
CHANGE Last First MI

2. BUSINESS PHONE 225-381-7028
(Area Code) Phone Number

3. FAX PHONE 225-343-3612

4. BUSINESS ADDRESS 301 North Main St, Suite 810 BR. LA 70823
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

5. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz

6. EMPLOYER'S ADDRESS Same
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ☐ No ☒

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

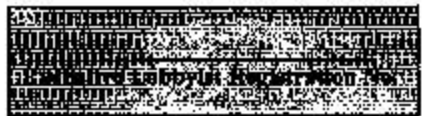
1) Name Armer Group North America, Inc.
Address 1420 Spring Hill Road, Suite 300 McLean, VA 22102
Business or purpose risk management service business

☒ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

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2) Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name _____

Address _____

Business or purpose _____

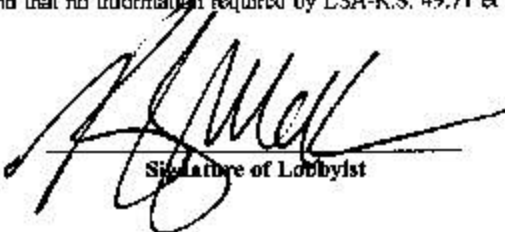
☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist